

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	[Instant dissolving tablet composition for loratidine and desloratidine]																				
Application Number :																					
Date :																					
First Named Applicant:	Mr. Abdul Razzaq Yousef																				
Attorney Docket Number:	2004-11																				
TOTAL FEE AUTHORIZED \$ 385																					
Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity																					
BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	2001	385	385																		
			Subtotal For Basic Filing Fees: \$ 385																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 7</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 7	0	2202	9	0	Independent Claims : 1	0	2201	43	0					Subtotal For Extra Claims Fees: \$ 0
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 7	0	2202	9	0																	
Independent Claims : 1	0	2201	43	0																	
				Subtotal For Extra Claims Fees: \$ 0																	
AUTHORIZED BILLING INFORMATION																					
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																					
Deposit account number:	502707																				
Access Code	****																				
Deposit name:	Sarfaraz Niazi																				
Deposit authorized name:	Sarfaraz niazi																				
Signature:	/2004-03/25/																				
Date (YYYYMMDD):	2004-03-24																				
Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																					